



DISABLED PERSONS PARKING PERMIT

Please read through the form before completing

SECTION A – TO BE COMPLETED BY ALL APPLICANTS

Personal Details

Title (Mr, Mrs, Miss, Ms)

Date of Birth (DD/MM/YEAR)

FULL NAME (This must be the exact name shown on your proof of identity)

ADDRESS

	Postcode
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Tel	Email
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Renewals Only

Badge Number

Expiry Date of Current Badge

Confirmation of Address

Please supply a copy of **ONE** of the following as proof that you live in the Borough.
(The document you provide must be in YOUR name and be dated within last 3 months unless it is an annual statement)

Utility Bill (Gas/water/electricity/landline telephone)

Rent Book or Statement

Council Tax Bill

TV Licence

Inland Revenue/ Benefits Agency Letter

Pension Credit Letter

If you cannot supply one of these documents or you are applying on behalf of a child, please contact the department **before** sending in your application form.

Confirmation of Identity

Please supply a copy of **TWO** of the following as proof of your identity.

Birth Certificate (please provide marriage certificate or "change of name" document if any of your names are now different)

Medical Card

Driving Licence

Passport

If you cannot supply one of these documents or you are applying on behalf of a child, please contact the department **before** sending in your application form.

(If the document you are providing is expired, you will be asked to collect your permit in person)

Photographs

Please enclose two recent passport-style photographs.

Please ensure that you print and sign your name on the back of each photograph.

(If you cannot provide actual passport photographs please use a normal camera, making sure you have a clear shot of the applicant's head and shoulders which can be cut down to passport size)

Issuing Fee

Please enclose a cheque/postal order for £2.

Made payable to: London Borough of Hounslow

SECTION B

Eligibility Criteria

Automatic Eligibility without Further Assessment

1. *Registered Blind*

Are you registered as blind under the National Assistance Act 1948?

Yes

No

If YES, please specify the local authority with which you are registered.

2. *Higher Rate mobility component of Disability Living Allowance*

Do you receive Disability Living Allowance?

Yes

No

If YES, please provide evidence showing how long the award has been made for (e.g. an official letter confirming an award of the allowance, please call the DWP on 08457 123456 if you do not have a copy of this letter).

Do you receive Attendance Allowance?

Yes

No

If you do receive this Attendance Allowance, you did not need to provide confirmation but **MUST** complete section C of the form.

3. *War Pensioners' Mobility Supplement*

Do you receive War Pensioners' Mobility Supplement?

Yes

No

If YES, please provide evidence (e.g. an official letter confirming award of War Pensioners' Mobility Supplement).

If you answered YES to ANY question in Section B, please go to Section D

If you answered NO to ALL the questions in Section B, please go to Section C

SECTION C

Assessed Eligibility

You may only need to answer one question in this section

1. ■■■ Do you satisfy all of the following?

- Drive regularly;
- Have a severe congenital disability in both arms; and
- Unable to operate or have considerable difficulty operating all or some types of parking meter.

Yes

No

If you have answered **YES** to this question please provide professional confirmation from a registered health professional (e.g. GP, Hospital Doctor or physiotherapist)

2. ■■■ Are you unable to walk or experience considerable difficulty in walking due to a permanent and substantial disability

Yes

No

If you have answered **YES** to this question please complete section D

3. ■■■ Are you applying on behalf of a child aged under 2 years who either:

i. Suffers from a condition requiring transportation of bulky medical equipment at all times?

Yes

No

and/or

ii. Suffers from a condition that requires that they must be kept near a motor vehicle at all times in order to be treated for that condition in the vehicle, or to allow the child to be taken immediately to a place where they can be treated?

Yes

No

Please describe the child's medical condition:

Does this require regular transportation of heavy equipment?

Yes

No

If you have answered **YES** to this question please provide professional confirmation from a registered health professional (e.g. GP, Hospital Doctor or physiotherapist)

SECTION D

Driver/Passenger Status and Vehicle Registration (to be answered by all Applicants)

Will you be a driver or passenger in a car when using a Blue Badge?

Driver Passenger Both

Vehicle Registration Number for principal car in which badge will be used

(One number should be nominated but other vehicles may be used and the badge transferred when necessary)

MEDICAL DETAILS:

Please provide details of registered health professional who could be asked to assess your mobility (e.g. Occupational therapist, Physiotherapist, GP, Hospital Doctor)

Name

Address

Tel. (if known):

Official Title
(if known)

Have you:

Completed section A

Enclosed ONE proof of address

Enclosed TWO proofs of Identity

Enclosed 2 photographs

Enclosed a cheque or postal order for £2

Completed section B OR section C

Enclosed the required proof asked for in section B or section C

Completed section D

Once you have completed all of the above please complete the declaration

Declaration (to be completed by all applicants)

I declare that, to the best of my knowledge, all the information I have provided is correct.

I agree to the Local Authority contacting an accredited health professional if necessary, for the purpose of obtaining information to support my application.

Data Protection Act 1998

I understand that the information supplied by me on this form will be maintained by the Council and will not be disclosed to any other party save those who are responsible for the enforcement of parking restrictions, to Transport for London in relation to discounts for congestion charging, or otherwise as the law allows.

I further understand that the medical information I have supplied to support this application is deemed to be "sensitive personal data" and I consent to its disclosure only to a third party who is responsible for the operation and administration of the blue badge scheme.

Signed

Name

Date
(DD/MM/YEAR)

Please ensure your signature is within the black broken lines, it will form an essential part of your badge as proof of identity. The badge cannot be issued if this box is not signed.

For office use only

Badge number

Valid

Swift ID: